

FILED DEC 20 1950  
THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41919

State File No. ....

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 400

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Francois</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flat River, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flat River</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>1900</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Mrs. James</u> b. (Middle) <u>Allen</u> c. (Last) <u>McClenahan</u>		<b>4. DATE OF DEATH</b> (Month) <u>Dec</u> (Day) <u>5</u> (Year) <u>1950</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Nov. 28-1867</u>
<b>9. AGE</b> (In years last birthday) <u>83 yrs 7 days</u>		<b>10. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
<b>11. BIRTHPLACE</b> (State or foreign country) <u>Illinois</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	

<b>13a. FATHER'S NAME</b> <u>Mr. Isaac McClenahan</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Sarah Elizabeth Johnson</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Louisa Cairns</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>no</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Chester Thurman</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>19. MEDICAL CERTIFICATION</b> 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>arterial sclerosis with indurated obstructions</u> DUE TO (c) <u>chronic nephritis and urinary cystitis</u> 2. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		<b>20. INTERVAL BETWEEN ONSET AND DEATH</b> <u>24 hours</u> <u>Several years</u> <u>2214</u>	

<b>19a. DATE OF OPERATION</b> <u>✓</u>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>✓</u>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>no</u>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

22. I hereby certify that I attended the deceased from August 22, 1950, to December 5, 1950, that I last saw the deceased alive on December 4, 1950, and that death occurred at 5:00 pm., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Paul L. Jones M.D.</u>		<b>23b. ADDRESS</b> <u>12 Wood Drive Flat River, Mo</u>		<b>23c. DATE SIGNED</b> <u>12-7-50</u>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Buried</u>		<b>24b. DATE</b> <u>Dec. 8-1950</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>K.C. Cemetery</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Francois Mo</u>					

<b>DATE REC'D BY LOCAL REG.</b> <u>Dec. 8, 1950</u>		<b>REGISTRAR'S SIGNATURE</b> <u>E. R. Rudolph</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Alvin W. Hood</u>	
				<b>ADDRESS</b> <u>303 Grand Flat River Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

DEC 11 1950  
RECEIVED

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed.....

*Alvin W. Hood*

Licensed Embalmer No. 2780

P. O. Address 303 Crane St. Flat River, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.